

DATAR (July 2001 Version)

State of California
Health and Welfare Agency

DRUG AND ALCOHOL TREATMENT ACCESS REPORT

Department of Alcohol and Drug Programs (ADP)
Data Management Services

Section A: Provider Information (Please Type)	
Program Name	Report Month and Year
Street Address	CADDs PROVIDER NUMBER
City ZIP	County
Contact Person	Telephone ()

Please refer to Completion Instructions on the reverse of this form

Section B: Capacity Report	1 NRT/R	2 MAINT (METH/ LAAM)	3 NRDX METH	4 NRDX	5 RDX, NON HOSP	6 RT/R	7 NR DAY INTSV	8 OTHER
1. Total treatment capacity.								
2. a) Public treatment capacity:								
b) Available public treatment openings at end of month								
3. Number of days the program's census/enrollment exceeded 90 percent of public treatment capacity during the month								

All responses below apply only to applicants awaiting publicly-funded slots. If there was no waiting list, enter zeros

Section C: Statistical Report								
4. Total number of applicants on the waiting list <i>at any time</i> during the entire month..... <i>(include applicants carried over from prior months, along with applicants placed on or removed from the waiting list during the report month)</i>								
5. Number of applicants on waiting list <i>on last day</i> of report month.....								
6. Applicants admitted to treatment from the waiting list during the report month: <i>(reason code 1 or 2, WLR col. 9)</i> a) Number of applicants admitted to treatment.....								
b) Total number of days that applicants admitted to treatment spent on waiting list (sum of WLR column 7).....								
7. Of total applicants in 4, how many were: <i>(NOTE: An applicant may be counted more than once.)</i> a) Injecting Drug Users (IDU)								
b) Pregnant women (PW)								
c) Pregnant/IDUs.....								
d) Medi-Cal beneficiaries.....								
e) CalWORKs recipients.....								
f) SACPA Court/Probation Referrals.....								
g) SACPA Parole Referrals.....								

Program Director Signature _____ **Date** _____

DATAR forms are due to ADP by the 10th of each month, ADP/ DMSS (DATAR), 1700 K Street, Sacramento, CA 95814. FAX (916) 324-3021

Type of Service Codes: NRT/R = Nonresidential treatment/recovery (ODF); MAINT (METH/LAAM) = Nonresidential treatment/recovery, with methadone or LAAM prescribed; NRDX, METH = Nonresidential detoxification, with methadone as a prescribed medication (OMD); NRDX = Nonresidential detoxification (without methadone) (ODX); RDX, NON HOSP = Residential detoxification in a non-hospital setting; RT/R = Residential treatment/recovery (RDF); NR, DAY = Nonresidential day treatment/recovery, intensive outpatient (DCDF); OTHER = Other than the above settings includes hospital detoxification, jail setting, etc. ODF = Outpatient Drug Free; OMD = Outpatient Methadone Detox; ODX = Outpatient Detox (non-meth); RDX = Residential detox; DCDF = Day Care Drug Free

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